

**Composite State Board of Medical Examiners  
ATTN: ACUPUNCTURE  
2 Peachtree Street, N.W. - 36th Floor  
Atlanta, Georgia 30303**

**AUTHORIZATION AND RELEASE OF RECORDS**

I hereby authorize and request that the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) release to the Georgia Composite State Board of Medical Examiners (CSBME) any and all information, documents and records utilized by the NCCAOM in determining my approval for certification in Acupuncture. Such information may include, but not be limited to, my NCCAOM application, records pertaining to acupuncture and detoxification training, school hours and attendance, and letters of recommendations, and any other supporting information pertaining to my qualifying to sit for the NCCAOM examination(s). For the sake of confidentiality, patient names shall be redacted from the documents.

The release of this material is for consideration of my application for licensure to practice Acupuncture in the State of Georgia. I understand that this information is for use in the review of my pending application and will remain confidential.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

Sworn to and subscribed before me this

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission expires:\_\_\_\_\_